

FILED
Jun 11, 2003 8:00 am
Secretary of State

5/2/2

05-02-2003 90585 033 ****55.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M02000001856

1. Entity Name
TOMMY BAHAMA ORLANDO, LLC



Principal Place of Business
C/O VIEWPOINT INTERNATIONAL, INC.
1071 AVENUE OF THE AMERICAS
NEW YORK, NY 10018

Mailing Address
C/O VIEWPOINT INTERNATIONAL, INC.
1071 AVENUE OF THE AMERICAS
NEW YORK, NY 10018

44004159

03-0383359

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

03-0383359

Applied For
Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2626

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when resigning)

DATE

FILE NOW WITH FEES \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
TOMMY BAHAMA R&R HOLDINGS INC
1071-AVE OF THE AMERICAS
NEW YORK, NY 10018

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

S. ANTHONY MARGOLIS (PRESIDENT) 212-391-8688

Date

Overline Phone #

CR2E083 (10/02)